PTOISE/OS (06-03)
Approved for use through 7/39/2006, OMB 0651-0032
U.S. Paleat and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Unformation unless 8 displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application for Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN CR SMALL ENTITY (Column 2) SMALL ENTITY (Coturns 1) NUMBER EXTRA FOR MUMBER FILED RATE FEE RATE FEE Q7 OFR 1.16(a)) ΩR TOTAL CLAIMS (OT CFR L14(d)) admus 20 • OR . INDEPENDENT CLAIMS (37 CFR L16(0)) OR MILITIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(Q) **OR** If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY TO SHOW CLABOS REMAINING PRESENT RATE ADDI RATE ADDI-TIONAL AFTER MENOMENT PREVIOUSLY FXTRA TIONAL PAID FOR FEE Total promiseps FEE ENDM 10 x 125 -×150 . OR Independent DI CFR LIADS x :100 x <u>200</u> -FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(G)) ++180 -+.360. OR TOTAL ADD'L FEE OR ADD'L FEE (Cotumn 1) HIGHEST NUMBER PREVIOUSLY PAID FOR CLAUMS 1006-05 PRESENT REMAINING RATE ADD1 ADDI-TIONAL PEE RATE MENT AFTER EXTRA TIONAL FEE 20 x : 50 × 125 = OF O'R LINE OR Andependent OF CFR 1.140() x :100 x \$200 -OR PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR LINGS) +:(10-+ ,340, OR TOTAL ADDL FEE ADO'L FEE OR رع (Column 1) (Cotumn 2) CLAIMS REMARKING HIGHEST wi 3/05 PRESENT RATE ADDI-TIONAL ADDI RATE 至 PREVIOUSLY EXTRA AFTER MENDMENT PAID FOR FEF Total promissos 9 200 20 x 125 . x:50 . OR Minus 3 x :100 x .200 . OR FIRST PRESENTATION OF MATTPLE DEPENDENT CLASS (37 CFR 1.10(4) +,180 . +:300-OR TOTAL ADO'L FEE TOTAL ADO'L FEE OR " if the entry in column 1 is less than the entry in column 2, write "0" in column 3.
" if the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
" if the "Fighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

The "Fighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

- 7.5.

The "Teffeed Number Productly Pied For" [Total or unospendent is the ingress named revise an une appropriate box or common.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a beneal by the public which is to fits (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.18. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. These will vary depending upon the Individual case, Any comments on this enount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND FO: Commissioner for Patients, P.O. Box 1450, Atleasandria, V.A. 22313-1450.